

# Rhode Island Department of Health

## Public Health Briefings

### Proposed Cervical Cancer Screening Recommendations

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#### Objective

The Rhode Island Department of Health assembled an Expert Panel on Cancer Screening to advise the Department on revising the State's current cancer control plan, published in 1989. (1) After reviewing the current screening recommendations of national organizations and the most recent pertinent literature, the Panel proposed a recommendation for cervical cancer screening.

#### Methods

- Review current cervical cancer screening recommendations of national organizations.
- Review the most recent literature pertinent to cervical cancer screening.
- Discuss.
- Propose cervical cancer screening recommendations for the State's cancer control plan.
- Write a simple rationale for the proposed cervical cancer screening recommendations.
- Invite comments on the proposed recommendations and rationale.

#### Current Recommendations:

##### U.S. Preventive Services Task Force (2)

- Routine screening for cervical cancer with Pap testing is recommended for all women who are or have been sexually active and who have a cervix.
- Pap smears should begin with the onset of sexual activity and should be repeated at least every 3 years.
- There is insufficient evidence to recommend for or against an upper age limit for Pap testing, but recommendations can be made on other grounds

to discontinue regular testing after age 65 in women who have had regular previous screenings in which the smears have been consistently normal.

### **American College of Gynecologists**

- Pap smears should begin for all women by age 18 years and for sexually active women regardless of age. High risk patients should be screened annually. For low risk patients, after two successive negative annual smears, the interval of screening is arbitrary and should be based on the informed decision of the patient and physician.
- For DES-exposed patients, screening should begin at menarche, at age 14 years, or at the onset of symptoms. Pap smears should be done at 6 to 12 month intervals.
- For women who have had a hysterectomy, vaginal smears should be done at 3 to 5 year intervals.
- Following therapy for preinvasive disease of the cervix, women should be screened at 4 to 6 month intervals for 2 years and annually thereafter.
- Following therapy for invasive cervical cancer, women should be screened at 3 month intervals for 2 years and every 6 months thereafter.

### **Canadian Task Force on the Periodic Health Examination**

- Annual Pap smears in women should begin following initiation of sexual activity or age 18. After two normal smears, screening may be performed every 3 years until age 69.
- For women who are at elevated risk for cervical cancer, more frequent screening should be considered.

### **American Cancer Society, National Cancer Institute, American College of Obstetricians and Gynecologists (ACOG), American Medical Association, American Academy of Family Physicians (AAFP): Consensus statement**

- All women who are or have been sexually active, or who have reached age 18, should have annual Pap smears.
- After three or more annual smears have been normal, screening may be performed less frequently, at the discretion of the physician.
- There is no recommendation regarding the age at which Pap testing may be discontinued.

### **Proposed Rhode Island Recommendations**

- **For women in high risk groups--women with multiple sex partners, sexually promiscuous partners, early age at first intercourse, and/or a history of a sexually transmitted disease (including human papilloma virus), Pap smears should be performed annually.**

- **For women who are HIV positive, Pap smears should be performed at least annually.**
- **For asymptomatic women with a cervix and no risk factors, regular Pap smears should be performed if a woman is or has been sexually active. There is no upper age limit for the performance of regular Pap smears.**
- **If a history of past and/or present sexual activity cannot be accurately determined and a woman is 18 years of age or over, routine Pap screening should be initiated.**
- **Women who have had a hysterectomy cannot be presumed to be without cervical tissue and the decision to screen them with Pap smears should be determined on a case by case basis.**

## **Rationale**

When the Rhode Island Cancer Control Plan for 1990-1992 was published, the Director of Health determined that women younger than 18 who had been sexually active and all women 18 years of age and over should be screened by cervical cytology (Pap smear) every one to three years.

Since the Rhode Island Cancer Control Plan for 1990-1992 was published, additional information on appropriate screening intervals, as well as information on groups at particularly high risk for development of cervical cancer, has become available. The basic recommendations for cervical cancer screening remain the same. Within the recommended range of one to three year screening intervals, however, longer intervals could be considered for asymptomatic women with no risk factors, and shorter intervals should be considered for women in high risk categories.

The dramatic declines in incidence and mortality rates from invasive cervical cancer over the past forty years have been largely attributed to widespread use of the Pap test. Use of the Bethesda system for classification of cervical diagnoses is likely to further increase the accuracy of the Pap test as a screening test for cervical cancer.

Asymptomatic women with certain risk factors -- multiple sex partners, sexually promiscuous partners, early age at first intercourse, and women with a history of a sexually transmitted disease -- are at 2-4 times increased risk for development of cervical cancer compared to women without such risk factors. (3)

Women who are infected with HIV require more frequent screening according to established guidelines. (4)

Widespread performance of supracervical hysterectomies in the past, combined with renewed interest in this procedure, means that some women with a history of having had a hysterectomy may retain all or part of a cervix. Screening for cervical cancer in these women may be justified even though the source of cells may be vaginal rather than cervical.

Infection with human papilloma virus (HPV), a sexually transmitted pathogen, is widespread, particularly among young women. Infection with certain types of HPV is strongly associated with the development of cervical cancer. Although

women who have never been sexually active may be at decreased risk for the development of cervical cancer, it may be extremely difficult to determine whether or not a patient (particularly a young one) is or has been sexually active. Under these circumstances, it is prudent to assume, as do a number of professional organizations, that sexual intercourse has occurred by the age of eighteen, and to begin cervical cancer screening at this time.

Although the effectiveness of cervical cancer screening increases when Pap testing is performed more frequently, screening intervals of between 1-3 years have been shown to be almost equally effective in reducing a woman's risk of developing invasive cervical cancer. (5)

For older women who have received routine, serial, negative Pap smears during their lifetimes, routine screening after the age of 65 may offer no additional benefit. However, many older women, particularly women of low income or members of minority groups, have been incompletely screened or not screened at all. For these women, screening at or beyond the age of 65 is mandatory and should be continued until multiple, serial, negative Pap smears are obtained.

## References

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